

	Application for Certification of Stripper/Incapable Wells <i>Oil Severance Tax</i> FORM O-2	Louisiana Department of Revenue Attn: Taxpayer Services Division Severance Tax Section P.O. Box 66362, Baton Rouge, LA 70896-6362
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Please print or type.

Telephone	Date	Name of reporting company						Reporting Company Number				Revenue Account Number				Production Month/Year		Do not write in this column. FOR OFFICE USE ONLY. Certification Code.		
		Address of reporting company (street number, city, state, ZIP)						Field Name												
		Producer's name Lease and Well name		Cons. Well No.	Parish code	Conservation codes				Opening stock (barrels)		Production (barrels)		No. of prod. days	Daily avg. prod. during calendar mo. (barrels)		% salt water produced daily		Number of wells on lease	
Field	Producer					Lease	Well serial number	Capable	Incapable										Stripper	
Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents and to the best of my knowledge and belief, it is true, correct, and complete.	Signature and title																			

FOR OFFICE USE ONLY. The wells listed here are approved, subject to redetermination. Effective: _____	Authorized signature
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